UNITED
NATIONS

DP

Governing Council
of the
United Nations
Development Programme

Distr.
GENERAL

DP/FPA/CP/89
6 January 1992

ORIGINAL: ENGLISH

Thirty-ninth session
4 - 29 May 1992, Geneva
Item 7 of the provisional agenda
UNFPA

UNITED NATIONS POPULATION FUND
PROPOSED PROGRAMMES AND PROJECTS

Recommendation by the Executive Director
Assistance to the Government of Cameroon
Support for a comprehensive population programme

Proposed UNFPA assistance:	$7.5 million, of which $6 million would be programmed from UNFPA regular resources. UNFPA would seek to provide the balance of $1.5 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available.
Estimated value of the Government's contribution:	To be determined
Duration:	Five years
Estimated starting date:	January 1992
Executing agencies:	Government of Cameroon United Nations and United Nations agencies and organizations National and international non-governmental organizations (NGOs)
Government coordinating agency:	Ministry of Planning and Regional Development

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92-03521

CAMEROON

Demographic facts

Population Total (000)	
Total	11,833
Males	5,866
Females	5,967
Sex ratio (/100 females)	98.3
Urban	4,878
Rural	6,955
Per cent urban	41.2
Population in year 2000 (000)	16,701
Functional age groups (%)	
Young child: 0-4	19.3
Child: 5-14	27.3
Youth: 15-24	18.4
Elderly: 60+	5.3
65+	3.4
Women: 15-49	21.6
Median age (years)	16.7
Dependency ratios: total	100.0
(/100) Aged 0-14	93.2
Aged 65+	6.8
Agricultural population density (/hectare of arable land)	1.13
Population density (/sq. km.)	25
Average annual change (000)	
Population increase	441
Births	612
Deaths	171
Net migration	0
Annual population total (% growth)	3.42
Urban	5.65
Rural	1.68
Crude birth rate (/1000)	47.3
Crude death rate (/1000)	13.3
Net migration rate (/1000)	0.0
Total fertility rate (/woman)	6.90
Gross reproduction rate (/woman)	3.40
Net reproduction rate (/woman)	2.69
Infant mortality rate (/1000)	86
Life expectancy at birth (years)	
Males	53.5
Females	56.5
Both sexes	55.0
GNP per capita (U.S. dollars, 1989)	1,000

Sources: Population density on arable land is derived from two publications issued by the Food and Agriculture Organization of the United Nations: FAO Production Yearbook 1985 and World-wide Estimates and Projections of Agricultural and Non-Agricultural Population Segments 1950-2025, ESS/MIS/86/2; gross national product per capita: World Bank, World Development Report 1991. Figures for population, total population by sex, population by age group, age indicators, urban-rural population, and population density (/sq. km.) refer to the year 1990; figures for average annual change, rate of annual change, and fertility and mortality are the five-year averages for 1990-1995. These data are from the Population Division, Department of International Economic and Social Affairs of the United Nations, World population prospects: 1990.

I. SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support a comprehensive population programme in the amount of $7.5 million, of which $6 million would be programmed from UNFPA's regular resources, over a five-year period, starting January 1992, to assist the Government of Cameroon in achieving its population and development objectives. UNFPA would seek to provide the balance of $1.5 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available. This would be the second UNFPA population programme in Cameroon. The first programme, approved in 1987 in the amount of $2.4 million, ended in December 1990, and bridging funding was provided for 1991 in order to synchronize the UNFPA and United Nations Development Programme (UNDP) programming cycles.

2. The proposed programme is based on the findings and recommendations of the multi-sectoral Programme Review and Strategy Development (PRSD) exercise which started in 1990 and culminated in a PRSD mission that visited Cameroon in March 1991. It is designed to complement and supplement the priorities and strategies reflected in the national population policy and the country's Structural Adjustment Programme. It also takes into account extensive discussions with representatives of various ministries, NGOs, agencies of the United Nations system, and multilateral and bilateral donors.

3. The programme would assist the Government in achieving three broad objectives, each with a corresponding strategy: (a) to design and implement regional and sectoral population programmes based on the national population policy; (b) to improve the health of mothers and children through the reduction of infant, child and maternal mortality and morbidity, especially by strengthening the quality and coverage of maternal and child health and family planning (MCH/FP) services; and (c) to promote the role and status of women and enhance their participation in population and development activities.

4. All projects under the proposed programme, as in all UNFPA-assisted programmes, would be undertaken in accordance with the principles and objectives of the World Population Plan of Action; that is, that population policies should be consistent with internationally and nationally recognized human rights of individual freedom, justice and the survival of national, regional and minority groups (para. 14 (d)); that respect for human life is basic to all human societies (para. 14 (e)); and that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so (para. 14 (f)).

II. BACKGROUND

5. Demographic trends. According to official estimates based on the country's 1987 census, the total population of Cameroon reached 12 million in mid-1991, compared to 7.7 million enumerated in the 1976 census. At the average annual growth rate of 2.9 per cent registered between the two censuses, Cameroon's population will exceed 15.5 million in the year 2000. (See the demographic fact sheet on p. 2 for United Nations estimates.)

6. Comparing the 1976 and 1987 censuses, the following population trends can be observed: fertility remained high (total fertility rate of 5.8 children per woman) and stable; mortality continued to decline steadily; and life expectancy at birth, estimated at 37 years in 1963, rose to 47 years in 1976 and to 53 in 1987, while infant mortality dropped from 113 per 1,000 in 1976 to 88 per 1,000 in 1987, a rate still considered by the Government as too high. Urbanization is expanding rapidly, with the proportion of the population living in urban areas increasing from only 20 per cent of the total in the early 1960s to over 40 per cent at present. It is estimated that about half of the Cameroonian population will live in urban areas by the end of the century. The population is

unevenly distributed, with the four most densely populated provinces occupying only one third of the total area but accounting for 71 per cent of the total population, and there is considerable internal migration towards the country's two largest cities, as well as to the provincial capitals and less-populated rural areas.

7. Cameroon is facing serious environmental problems. The most densely populated areas in the west and far north are seriously affected by erosion and a decline in land fertility, and the uncontrolled commercial exploitation of the dense tropical forest in the south is rapidly depleting the already poor soil there. The environment is also being threatened by rapid urbanization, particularly of the country's two largest cities. The Government has not yet formulated a policy on the environment and the use of national resources.

8. Agriculture remains a key sector, employing two-thirds of the population and generating one fourth of the gross domestic product (GDP). Following its discovery in 1978, oil became a main source of government revenues. Since Independence in 1960, Cameroon's economic performance has been one of the best among sub-Saharan African countries. Gross national product (GNP) per capita rose by 7.0 per cent per year in the first half of the 1980s. However, owing to a drop in commodity prices (petroleum, coffee, cocoa and cotton), which was aggravated by the depreciation of the U.S. dollar, the situation worsened quickly in 1986 and resulted in a negative annual GNP. High population growth further aggravated the situation, intensifying the pressure on the country's social infrastructure and worsening the unemployment situation. In response to the resulting economic crisis, in 1989/1990 the Government embarked on a drastic Structural Adjustment Programme, which replaced the Sixth Development Plan (1986-1990).

9. Considerable progress has been achieved in improving the health of the Cameroonian population. However, insufficient access to safe drinking water and the prevalence of generally poor conditions of hygiene, inadequate distribution of health facilities and of health personnel and declining financial resources for the health sector give reason for major concern. While little is known about the coverage of MCH services, it is estimated that half of the births take place in maternity wards and two-thirds of women of reproductive age have received anti-tetanus inoculations. Still, maternal mortality is high at an estimated 420 per 100,000 live births. The infertility rate (17 per cent according to a national fertility survey conducted in 1978) is high, and the numbers of abortions among adolescents and undesired pregnancies are increasing. While the rate of HIV infection is still rather low (1.5 per cent), it constitutes a major health problem. The Government therefore launched an AIDS prevention programme in 1988. Although modern contraceptive prevalence is estimated at 5 per cent nationwide, there are significant differences between urban and rural areas: whereas contraceptive practice in rural areas is virtually non-existent, the demand for family planning services is rapidly increasing in the urban areas.

10. Although the illiteracy rate stood at 40 per cent in 1987 (30 per cent for men compared to 50 per cent for women), the Government has striven in the past two decades to promote education. This has resulted in a more than fourfold increase in enrolment in primary schools, reaching some 75 per cent of primary school-age children in 1989. However, drop-out rates remain high. The economic crisis is also aggravating the situation in the education sector. As a result, teacher training and recruitment have been halted, and parents are obliged to bear an increasing share of the cost of primary education.

11. The Government is greatly concerned by the high rate of population growth and its implications for attaining sustainable development. In 1991, the Interministerial Technical Committee on Population approved a draft national population policy. The revised draft has been submitted to the National Population Commission (NPC) and is expected to be endorsed soon. However, while the national population policy is an important declaration guiding future population activities in the country, it does not contain specific population and health care targets. It therefore must be translated into a coherent plan of action to assure its effective implementation.

12. Although the Constitution recognizes that all human beings are equal, women often remain in a disadvantaged position. For example, while women assume the bulk of the workload in agriculture and food production (where 9 out of 10 economically active women are employed), they are not allowed to own land. As part of its efforts to improve the role and status of women in society, the Directorate for the Promotion of Women is engaged in a substantial number of activities addressing such issues as responsible parenthood and health education, involvement of women's groups in production and commerce, training in management and access to credit.

III. REVIEW OF UNFPA AND OTHER ASSISTANCE TO DATE

13. UNFPA's assistance to Cameroon began in 1972 when the Fund helped finance the country's first population and housing census, which was completed in 1976. Between 1972 and 1986, UNFPA supported activities in the fields of MCH/FP and information, education and communication (IEC), assisted in the creation of a Population Planning Unit and made initial contributions towards the organization of the second population and housing census conducted in 1987. UNFPA also fielded a basic needs assessment mission in 1979.

14. In June 1987, the Governing Council approved the first programme of UNFPA assistance to Cameroon in the amount of $2.4 million over the four-year period 1987-1990. However, owing to the severity of the economic crisis, which made it difficult for the Government to provide its counterpart contribution, UNFPA had to allocate an additional $600,000 to the programme to ensure the completion of the census. The Fund also allocated bridging funds in order to synchronize UNDP and UNFPA programming cycles. This is being used to extend ongoing activities considered too important to jeopardize because of the lack of funding and to provide preparatory assistance for two IEC projects which will be implemented under the second country programme.

15. The PRSD mission that visited Cameroon in March 1991 found that important progress has been made during the last five years in the field of population. In this context, the UNFPA programme played a key role, achieving positive results in data collection with the publication of the 1987 census data; in the area of MCH/FP with the launching of a programme to improve the delivery of family planning services; in the areas of IEC and women, population and development with, respectively, the formulation of a strategy to educate Cameroonians in responsible parenthood and the integration of women into the development process; and in the field of population and development with the submission of a draft national population policy to the NPC. The successful implementation of the programme was due primarily to improved programme management, increased government commitment to population issues, emphasis on the strengthening of national institutions and the training of national staff.

16. However, the PRSD mission did identify several constraints that hampered the implementation of the programme, including: (a) insufficient knowledge of the interrelationships between population and development; (b) insufficient attention to differences in behaviour and attitudes of various ethnic and cultural groups of the Cameroonian population; and (c) lack of decentralization and of effective community participation.

Maternal and child health and family planning

17. UNFPA support to this sector started in 1984 and was aimed at strengthening the family planning component in the curricula of two MCH/FP training centres (one in the francophone and one in the anglophone parts of the country). However, delays in the construction of the second MCH/FP training centre, which has not yet been completed, limited the scope of the training. Moreover, an evaluation of the project in August 1988 recommended that the curricula should be reoriented to place greater emphasis on family planning.

18. In 1989, UNFPA started to assist the Government in its efforts to formulate a national family health policy and to promote family planning services within existing MCH centres in urban areas. A consensus-building seminar for decision makers held in August 1990 led to the formulation of the broad guidelines for MCH/FP activities as a basis for a national family planning policy, which is yet to be finalized. The delivery of family planning services started in 1990 in the four MCH centres in Yaounde and was extended in 1991 to four MCH centres in Douala. UNFPA assistance was used to rehabilitate and equip the centres and train centre medical and paramedical personnel in family planning techniques through seminars, workshops, short-term fellowships and study tours. The absence of a national family planning policy hindered efforts to expand the coverage of family planning services, delaying the choice of MCH/FP centres authorized to deliver family planning services and the designation of staff.

Information, education and communication

19. UNFPA assistance helped to develop a strong population IEC programme, which made it possible to create awareness of population and related issues and to sensitize various groups of the society on responsible parenthood and family welfare. This was accomplished through a population education programme, which was carried out at the community level in 12 experimental centres throughout the country. The national project team, field staff and community leaders also benefited from numerous training seminars on responsible parenthood. Programme shortcomings included, among others, too great a focus on community development activities (at the expense of education on responsible parenthood) and a shortage of skilled staff and funds, which hindered the operations of some experimental centres. These shortcomings will be addressed in future by a newly created Supervisory Unit, which, with the support of all collaborating government partners, has been tasked with formulating a national strategy on responsible parenthood.

20. The IEC activities aimed at organized workers in more than 30 enterprises have been successful due in large part to the full support given to them by the Government. Supporting committees, in which the factory management participates, have been set up in the majority of the main enterprises where education campaigns on family life have been institutionalized. UNFPA assistance has also been used to improve health services, provide advice on family planning, establish a documentation centre, train some 120 instructors, produce visual aids for training purposes, and complete, with the assistance of the Institut de Formation et de Recherche Démographiques (IFORD), a knowledge-attitudes-practice (KAP) study.

21. A Population IEC Unit was established in 1989 within the Ministry of Information and Culture to ensure regular coordination among the various IEC programmes, to disseminate information on population issues (especially through the mass media), to adapt the contents of population messages to various target groups and to train a team of journalists to report on pertinent population activities. A March 1991 evaluation identified numerous problems that hampered the implementation of the Unit's planned activities, including the difficulty in identifying a qualified chief technical adviser and the lack of a national organizational infrastructure. However, the Unit did succeed in training some journalists and sensitizing religious groups and national NGOs in population and related issues, in disseminating population-oriented information and in publishing the findings of research on folk tales and proverbs related to family welfare.

Data collection and analysis

22. UNFPA assistance to this sector was used mainly to support the conduct of the second population and housing census of 1987, in particular to provide training, data-processing equipment and vehicles and to offset printing costs and maintain equipment. In view of the financial constraints faced by the Government in 1989, UNFPA approved additional funding to secure temporary staff, purchase needed data-processing equipment and

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publish census data. Although considered a success, a fact confirmed by an independent evaluation mission fielded in March 1991, the census results were officially distributed only in March 1991 because of delays in the promulgation of the decree establishing the legal basis for the census operations, in the purchase of computer equipment (which resulted in the halting of census operations for virtually one year) and in the Government's approval of the census results. Nonetheless, the census project was notable in that the entire operation was carried out by national staff, except for brief backstopping missions undertaken out by regional advisers based at the Economic Commission for Africa (ECA). The project also helped to strengthen the Department of the Census, through training in country and abroad, and to intensify the cooperation between several national and regional institutions. In addition to the census, UNFPA co-financed a study on the Cameroonian family.

Population policy formulation

23. The Population Planning Unit, which was established in the Ministry of Planning and Regional Development in 1984 in order to institutionalize the formulation of a population policy, contributed greatly to the incorporation of demographic considerations in the Sixth Development Plan and to the creation, in 1985, of a National Population Commission and its Interministerial Technical Committee on Population. In 1990, background documents on the demographic situation of Cameroon and on the consequences of demographic growth for the different sectors of social and economic life, as well as for development in general, were prepared and the main orientations of the national population policy identified. These documents were extensively discussed during 10 provincial seminars aimed at creating a consensus among opinion leaders and decision makers from the public and the private sectors. The national population policy has been submitted to the National Population Commission for endorsement.

Women, population and development

24. Since 1987, UNFPA has been supporting the promotion of women, population and development activities through the country's network of women's centres, providing intensive training to more than 80 staff of such centres as well as members of the national project team on such issues as population, family life and legislation concerning the family. The project team developed and disseminated a Guide for Population Education aimed at women involved in children's day care, many of whom are being trained in the two women's centres where a community pharmacy and family planning service centre are also operational.

Other external assistance

25. International assistance to population activities focused mainly on the health sector, with different donors concentrating their assistance on specific regions at the request of the Government. The United States Agency for International Development (USAID), extending assistance to the MCH/FP sector since 1979, has provided training for medical and paramedical staff in reproductive health and child spacing as well as for senior staff of nursing schools in communication skills in MCH/FP. USAID has also supported training for demographers and statisticians. USAID's new five-year project cycle, scheduled to start in early 1992, will concentrate on the implementation of primary health care strategies, of which family planning is a component. Other donors active in Cameroon include Belgium, which has supported a health project since 1986 aimed at establishing primary health care services in Far-North Province; Germany, which has allocated $1.1 million over a two-year period for the primary health care programme and which plans to extend its support to strengthen IEC programmes and to start family planning activities, especially in rural areas; and France, which plans, over the 1991-1996 period, to assist the development of primary health care services in North Province and the strengthening of the central hospitals of Douala and Yaounde.

26. Multilateral organizations providing population and related assistance include, among others, the United Nations Children's Fund (UNICEF), the World Health Organization (WHO) and UNDP. UNICEF's five-year programme (1991-1996) focuses on the expanded programme of immunization (EPI) and on the promotion of primary health care. WHO is supporting programmes in the area of MCH/FP, AIDS prevention and training of medical staff. UNDP, in its fifth cycle, will continue to support activities to protect and manage the environment and to further integrate women into the development process.

27. The World Bank, in collaboration with the Government, developed within the Structural Adjustment Programme a Social Dimensions of Adjustment Programme. The health component, whose main objective is to establish a cost-effective health delivery system, will seek to improve primary health care services, the aim being, among others, to reduce maternal mortality and to increase contraceptive prevalence. The population and health component will require $23.7 million, which will be shared, in principle, among the Government, the European Community, France, Germany, Japan, the United States and UNFPA.

IV. PROPOSED PROGRAMME 1992-1996

28. The 1992-1996 proposed programme is based on the national population strategy and on the recommendations of the PRSD mission. The overall objectives of the national programme are outlined in paragraph 3 above.

29. The long-term objectives of the UNFPA programme are to assist the Government in: (a) strengthening national capacities to plan, implement and manage population policies and programmes; and (b) reducing infant and maternal morbidity and mortality, teenage pregnancy and abortion by extending the coverage and improving the quality of the family planning services of MCH/FP centres.

30. The immediate objectives of the proposed programme are: (a) to assist the Government in implementing the national population policy through the formulation and implementation of regional and sectoral strategies and plans of action; (b) to increase contraceptive prevalence from 5 per cent in 1990 to 20 per cent in 1996, mainly by extending the coverage of quality family planning services in urban MCH/FP centres; (c) to devise a cohesive IEC programme to inform Cameroonians of the availability of family planning services, increase demand for such services and raise awareness on population and related issues, especially responsible parenthood, among specific target groups, such as youth, workers, officials, policy makers and opinion leaders; (d) to improve knowledge of population issues by collecting, analysing and disseminating relevant data and by carrying out research and studies; and (e) to improve the well-being of women as regards their reproductive and productive roles and to increase their participation in the development process.

31. In order to attain the above objectives, UNFPA proposes an overall strategy that would: (a) expand family planning services in urban areas, complementing the efforts of other donors, which will provide such services mainly in rural areas; (b) support the establishment of management information and logistics systems to oversee the distribution of such services; (c) reorient IEC programmes towards specific target groups; (d) enhance the Government's capacity to coordinate population activities; and (e) strengthen the national institutional capacity to plan, formulate, implement and manage population programmes by enhancing the skills of national staff. The strategy would also emphasize decentralizing institutional decision-making and programme implementation, as well as promote community and NGO participation in programme design, implementation and evaluation.

Maternal and child health and family planning

32. The objectives in this sector are: (a) to strengthen the national capacity to implement the national family planning programme; and (b) to increase contraceptive prevalence from 5 per cent in 1990 to 20 per cent by 1996. This will require, as stressed by the PRSD mission, the formulation of a clear and comprehensive MCH/FP policy and programme. UNFPA, through provincial and national workshops/seminars, would seek to build a consensus on such a policy and programme and translate into an official policy the conclusions and recommendations of a 1990 national seminar on MCH/FP policies. Such a policy would contain provisions for setting up an adequate and regular system for supervision, coordination and exchange of experiences between the various donors offering family planning services in Cameroon.

33. Since USAID and other donors will concentrate their activities in the rural areas and in the private sector, UNFPA assistance would focus on expanding family planning services in urban areas, where coverage is at present well short of demand. This is due in large part to the limited number of MCH centres (8) offering family planning services, the infrequency with which these centres offer such services and the generally poor quality of the services offered. UNFPA assistance would, therefore, provide equipment and materials to help integrate family planning services into at least 28 additional MCH centres, including a referral centre in each provincial capital, as well as to establish in the maternity homes of the major towns 10 clinics specializing in pre- and post-natal health care for women at high risk, in accordance with the principles of the Safe Motherhood approach. Family planning services would also be extended to women's centres, main public and private enterprises, and out-patient departments of army and police force health centres.

34. UNFPA would make available all contraceptive methods in the MCH/FP centres it supports. Apart from condom requirements (estimated at 25 million), which would be covered mainly by USAID, the total contraceptive needs to achieve the prevalence target of 20 per cent by 1996 are estimated at 3 million cycles of pills, 2 million doses of injectables, 260,000 intra-uterine devices (IUDs) and 415,000 tubes of spermicides. The total cost of contraceptives, excluding condoms, would be around $2 million and would be provided by UNFPA, USAID and other donors.

35. UNFPA would also provide assistance for training in family planning aimed at enhancing the skills of all categories of health staff, including doctors, midwives and nurses. The bulk of the training would take place in-country and be practice-oriented, though some trainers would participate in the workshops and courses organized abroad by the UNFPA-sponsored centres. The training would cover a wide range of areas, including obstetrics/gynecology, hygiene and sanitation, prevention of AIDs and other sexually transmitted diseases (STDs), collection of MCH/FP statistics, and in particular the management of family planning programmes. Particular attention would be paid to training in information and communication techniques in order to familiarize people about the availability of family planning services and with a goal of generating demand. UNFPA would also provide support to establish a reference and documentation centre.

36. UNFPA proposes to provide $3 million to this sector, of which $750,000 would be sought from other sources, including multi-bilateral sources.

Information, education, and communication

37. In the area of population IEC, the proposed programme would seek: (a) to raise awareness of the need for family planning and to inform Cameroonians of the availability of family planning services; (b) to enhance the knowledge of policy makers, opinion leaders and the general public about the potential consequences of various population factors on the prospects for sustainable development; and (c) to assist the Government in developing

an overall strategy for IEC activities and in improving the coordination, design, production and dissemination of didactic materials.

38. As regards the non-formal sector, UNFPA would expand ongoing activities aimed at organized workers, women and the rural population and continue efforts to sensitize decision makers on population issues. IEC activities aimed at trade-union members would be extended to non-organized workers of the non-formal sector and to other organizations such as cooperatives, credit unions and various professional syndicates, as well as to civil servants, especially women, in all governmental organizations. UNFPA would continue to provide support to private and regional mass media (press, radio, television), and to train journalists at the Advanced School for Mass Media. The Fund would also train members of non-governmental associations (including scouting and religious groups) in communication techniques and in population issues. In the rural areas, UNFPA would strengthen the integration of family planning into the home economics programme of the Ministry of Agriculture, in particular by training community leaders as trainers through the network of Community Education and Action Centres.

39. In the area of information, UNFPA would support campaigns to inform the most receptive social groups among the urban population about the availability of family planning services. Since little is known about how messages on population are perceived by the target groups, UNFPA would support an in-depth study on the use of different concepts and channels of communication. In order to improve coordination, the IEC Technical Committee established in the Ministry of Information and Culture would be enlarged to include representatives of other technical ministries.

40. Considering the high level of school enrolment in Cameroon, UNFPA would give strong support to the population education programme in the formal sector. On the basis of the experience gained during the pilot phase of an earlier project, the Fund would extend activities to 150 secondary schools and to technical and teachers' colleges. Family life and sex education modules would be adapted to the socio-economic context of each region, using the analysis of two KAP surveys and of ethno-sociological research on teenage sexuality and family life as a basis. Training in sex education, including the methodology of teaching, would be provided in each province to in-service nurses and to doctors who are responsible for teaching sex education during their regular visits to schools. UNFPA would also help organize special meetings for parents to explain the objectives of the education programme.

41. In addition, population education modules would be developed and integrated into the curricula of secondary schools and technical and teachers' colleges in such subjects as mathematics, geography, history, literature, biology and civics. The modules would contain information on AIDS and sexually transmitted diseases as well as on the environment and gender issues. Teachers of each subject would receive specialized training during annual refresher courses at the beginning of the school year, at which time revised texts would be disseminated.

42. A total amount of $2,150,000 would be provided to this sector, of which $150,000 would be sought from other sources, including multi-bilateral sources.

Data collection and analysis

43. The objectives for this sector would be: (a) to strengthen the data collection capacity of national institutions; and (b) to improve the knowledge of pertinent demographic factors in order to better assess the impact of demographic trends on socio-economic development and on the environment, especially at the regional level.

44. During the period of the programme, such activities as cartography and questionnaire design would be undertaken in preparation for the third population and housing census, which is scheduled for 1997. Of primary concern will be the timely processing, analysis and dissemination of data and the active participation of the community. National experts will provide the technical backstopping. UNFPA would also support the Ministry of Territorial Administration in revising, on an experimental basis, the civil registration systems in Yaounde and Douala, providing training for staff in processing, analysing and disseminating vital statistics data. UNFPA would also assist the Government in carrying out a study on the coverage and quality of civil registration data, which could be combined with a survey on general mortality. To stimulate the analysis and dissemination of population data at the provincial level, UNFPA would help organize a national seminar, followed by regular workshops to design a model plan to be adapted to the specific needs of each province.

45. A total of $600,000 is proposed for this sector, $250,000 of which would be sought from other sources, including multi-bilateral sources.

Population policy formulation

46. The objectives in this area would be: (a) to elaborate regional and sectoral strategies and plans of action for the implementation of the national population policy; and (b) to facilitate the efficient functioning of the government institutions in charge of implementing the national population policy.

47. In addition to continued support to the Population Planning Unit, UNFPA would provide assistance to establish two provincial population planning units on an experimental basis. In view of the rapid rate of urbanization, UNFPA would assist with the strengthening of a unit in Douala for the study of urban population problems. UNFPA would also provide funds to stimulate interdisciplinary studies and operations research on population and development issues among universities or relevant ministerial bodies, and to disseminate the results widely. The Fund would also provide assistance to the National Population Commission and its Interministerial Technical Committee on Population, to enable them to monitor the implementation of the national population policy.

48. In the area of population and the environment, UNFPA would assist the Government in promoting awareness at the national and regional level of the complex relationships between population and the environment and in developing a national conservation strategy with a strong population component. In addition, UNFPA would support regional operations research actvities on the impact of demographic changes on environmental degradation, as well as on the consequences of environmental changes on the behaviour and attitudes of the population.

49. An amount of $750,000 would be provided for this sector, of which $100,000 would be sought from other sources, including multi-bilateral sources.

Women, population and development

50. In this area, UNFPA assistance would aim at: (a) enhancing women's participation in population and development activities; and (b) increasing knowledge about the interrelationship between women, population and development activities. In order to increase women's income and enhance their independence and self-respect, UNFPA would, in collaboration with other donors, work with the Directorate for the Promotion of Women and various national NGOs to expand women's access to credit. UNFPA would continue its support to the network of women's centres, mainly in urban areas, by providing family planning services and offering counselling services

for young couples planning to marry. UNFPA would also encourage the study of women's roles in society and promote the collection and analysis of relevant gender data.

51. UNFPA would provide a total amount of $750,000 for this sector, of which $250,000 would be sought from other sources, including multi-bilateral sources.

Programme reserve

52. An amount of $250,000 has been set aside as a reserve to cover unforeseen activities falling within the context of the proposed programme.

Programme coordination

53. The Ministry of Planning and Regional Development will be responsible for overseeing the coordination of the population programme, and the Interministerial Technical Committee on Population will play a key role as far as population policy is concerned. The Ministry of Health will monitor the implementation of MCH/FP services and coordinate the activities of the various donors. The IEC Technical Committee will ensure the coordination of population IEC activities, and the Directorate for the Promotion of Women, assisted by the recently created Supervisory Unit, will be responsible for coordinating the implementation of the multisectoral programme for women. For its part, UNFPA will serve as a member of the "Struggle against AIDS" Coordination Committee, participate in regular meetings of donors and relevant government ministries following up on the implementation of the World Bank-developed Social Dimensions of Adjustment Programme, and attend meetings of representatives of major NGOs when population matters are being discussed.

54. In keeping with the Joint Consultative Group on Policy (JCGP) agreement to harmonize programmes, UNDP actively participated in the PRSD mission of which the main orientations have been integrated into the draft "Resident Representative's Advisory Note" on the fifth UNDP country programme in Cameroon. The World Food Programme (WFP) and other United Nations agencies, especially WHO, were also active in the PRSD exercise. Under the aegis of UNDP, regular meetings will continue to be organized among JCGP members, as well as other United Nations agencies. UNFPA will collaborate closely with UNDP, UNICEF and WFP during project formulation and during backstopping and evaluation missions and will work to strengthen its coordination with bilateral agencies. The Fund will also seek to ensure that evaluation results and findings of population-related studies and reviews are exchanged among donors and executing agencies.

Programme monitoring, evaluation and management

55. In order to strengthen the Government's capacity to monitor and evaluate population activities, the UNFPA field office would conduct workshops for national staff on improving project design, monitoring and evaluation. The UNFPA programme would be monitored and evaluated in accordance with standard UNFPA guidelines, which would require, among other things, a mid-term and final review of the programme and involve other United Nations agencies, notably JCGP members, executing agencies and donors. Whatever the mode of execution, UNFPA will make full use of available and appropriate national and regional technical backstopping capacities, complemented by the country programme technical support teams that will become operational in 1992 as part of the UNFPA successor support cost arrangements approved by the Governing Council in decision 91/37.

Financial summary

56. As indicated in paragraph 1, UNFPA would provide assistance in the amount of $7.5 million over the five-year period 1992-1996, of which $6 million would be programmed from UNFPA's regular resources. UNFPA would seek to provide the balance of $1.5 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available. The table below shows how the programme would accommodate the two levels of funding:

	UNFPA regular resources $	Other resources $	Total $
Maternal and child health and family planning	2,250,000	750,000	3,000,000
Information, education and communication	2,000,000	150,000	2,150,000
Data collection and analysis	350,000	250,000	600,000
Population policy formulation	650,000	100,000	750,000
Women, population and development	500,000	250,000	750,000
Programme reserve	250,000	-	250,000
TOTAL	6,000,000	1,500,000	7,500,000

V. RECOMMENDATION

57. The Executive Director recommends that the Governing Council:

(a) Approve the programme for Cameroon in the amount of $7.5 million for the five-year period 1992-1996;

(b) Authorize the Executive Director to programme, subject to the availability of funds, an amount of $6 million from UNFPA's regular resources, over the period 1992-1996;

(c) Further authorize the Executive Director to seek to provide the balance of $1.5 million of the approved programme from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources from any of the above sources become available;

(d) Authorize the Executive Director to allocate the funds and make appropriate arrangements with the Government of Cameroon and with the executing agencies.